

# Kentucky Department of Education REVISED Award Notification

1	<b>Name and Address of Recipient:</b> Agency Name Carter County Street Address 228 Carol Malone Boulevard City, State Zip Grayson, KY 41143	2 <b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____	
2	<b>KDE Contact Information:</b> Program Consultant – Phone # Donna Tackett – 502-564-3791 Street Address 500 Mero St., 8 <sup>th</sup> Fl., CPT Budget Contact – Phone # Judy Howard – 502-564-1979 Street Address 500 Mero St., 16 <sup>th</sup> Fl., CPT City, KY Zip Frankfort, KY 40601	8 <b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor	
3	<b>Description/Fund Source of Award and Fiscal Year:</b> Description FY14 Title I, School Improvement Funds Fund Source Title I, Part A Section 1003 (g) CFDA# 84.377A MUNIS Project Number 4603 Master Agreement Number N/A	9 <b>Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____	
4	<b>Grant Authority (Source):</b> NCLB, Title I, Part A Section 1003(g), 34CFR 200; 34 CFR EDGAR Parts 76,77,80,81,82 and 85	10 <b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____	
5	<b>REVISED Award Amount:</b> \$639,172.00 East Carter High School	11 <b>Evaluations:</b>	
6	<b>Period of Award:</b> July 1, 2013 – September 30, 2014		
12	<b>Consortia/Partnership Members:</b>		
13	<b>Special Instructions/Conditions:</b> Any revisions to the budget or the plan should be sent to <a href="mailto:title1reports@education.ky.gov">title1reports@education.ky.gov</a> and must be approved prior to implementing changes. District will be reporting toward meeting annual goals on a quarterly basis. <b>The final Federal Cash Request must be submitted by December 10, 2014.</b>		
14	<b>Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits	<b>Date:</b> November 8, 2013	

**Kentucky Department of Education**  
**REVISED** Award Notification

<b>1 Name and Address of Recipient:</b> Agency Name      Christian County Schools Street Address    200 Glass Street City, State Zip    Hopkinsville, KY 42240	<b>2 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____	
<b>2 KDE Contact Information:</b> Program Consultant – Phone #    Donna Tackett – 502-564-3791 Street Address                        500 Mero St., 8 <sup>th</sup> Fl., CPT Budget Contact – Phone #        Judy Howard – 502-564-1979 Street Address                        500 Mero St., 16 <sup>th</sup> Fl., CPT City, KY Zip                            Frankfort, KY 40601	<b>8 Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor	
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description                            FY14 Title I, School Improvement Funds Fund Source                            Title I, Part A Section 1003 (g) CFDA#                                    84.377A MUNIS Project Number            4603 Master Agreement Number        N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____	
<b>4 Grant Authority (Source):</b> NCLB, Title I, Part A Section 1003(g), 34CFR 200; 34 CFR EDGAR Parts 76,77,80,81,82 and 85	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____	
<b>5 REVISED Award Amount:</b> \$639,172.00 <b>Christian County High School</b>	<b>11 Evaluations:</b>	
<b>6 Period of Award:</b> July 1, 2013 – September 30, 2014		
<b>12 Consortia/Partnership Members:</b>		
<b>13 Special Instructions/Conditions:</b> Any revisions to the budget or the plan should be sent to <a href="mailto:title1reports@education.ky.gov">title1reports@education.ky.gov</a> and must be approved prior to implementing changes. District will be reporting toward meeting annual goals on a quarterly basis. <b>The final Federal Cash Request must be submitted by December 10, 2014.</b>		
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits	<b>Date:</b> November 8, 2013	

**Kentucky Department of Education**  
**REVISED Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Greenup County Board of Education Street Address    45 Musketeer Drive City, State Zip    Greenup, KY 41144	<b>2</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Donna Tackett – 502-564-3791 Street Address                        500 Mero St., 8 <sup>th</sup> Fl., CPT Budget Contact – Phone #        Judy Howard – 502-564-1979 Street Address                        500 Mero St., 16 <sup>th</sup> Fl., CPT City, KY Zip                            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description                        FY14 Title I, School Improvement Funds Fund Source                        Title I, Part A Section 1003 (g) CFDA#                                84.377A MUNIS Project Number        4603 Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title I, Part A Section 1003(g), 34CFR 200; 34 CFR EDGAR Parts 76,77,80,81,82 and 85	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>REVISED Award Amount:</b> \$645,542 <b>Greenup County High School</b>	<b>11</b>	<b>Evaluations:</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2013 – September 30, 2014		
<b>12</b>	<b>Consortia/Partnership Members:</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b> Any revisions to the budget or the plan should be sent to <a href="mailto:title1reports@education.ky.gov">title1reports@education.ky.gov</a> and must be approved prior to implementing changes. District will be reporting toward meeting annual goals on a quarterly basis. <b>The final Federal Cash Request must be submitted by December 10, 2014.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits <span style="float: right;"><b>Date:</b> November 8, 2013</span>		

**Kentucky Department of Education**  
**REVISED Award Notification**

<b>1</b>	<b>Name and Address of Recipient:</b> Agency Name      Jefferson County Board of Education Street Address    P.O. Box 34020 City, State Zip    Louisville, KY 40232	<b>2</b>	<b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____
<b>2</b>	<b>KDE Contact Information:</b> Program Consultant – Phone #    Donna Tackett – 502-564-3791 Street Address                        500 Mero St., 8 <sup>th</sup> Fl., CPT Budget Contact – Phone #        Judy Howard – 502-564-1979 Street Address                        500 Mero St., 16 <sup>th</sup> Fl., CPT City, KY Zip                            Frankfort, KY 40601	<b>8</b>	<b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
<b>3</b>	<b>Description/Fund Source of Award and Fiscal Year:</b> Description                        FY14 Title I, School Improvement Funds Fund Source                        Title I, Part A Section 1003 (g) CFDA#                                84.377A MUNIS Project Number        4603 Master Agreement Number    N/A	<b>9</b>	<b>Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
<b>4</b>	<b>Grant Authority (Source):</b> NCLB, Title I, Part A Section 1003(g), 34CFR 200; 34 CFR EDGAR Parts 76,77,80,81,82 and 85	<b>10</b>	<b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission: <b>CDIP</b> <b>Report must be submitted by school level</b> <input type="checkbox"/> Other _____
<b>5</b>	<b>REVISED Award Amount:</b> \$4,474,204 Doss HS \$639,172, Fairdale HS \$639,172, Iroquois \$639,172, Knight MS \$639,172, Seneca HS \$639,172, Southern HS \$639,172, Waggener \$639,172	<b>11</b>	<b>Evaluations:</b>
<b>6</b>	<b>Period of Award:</b> July 1, 2013 – September 30, 2014		
<b>12</b>	<b>Consortia/Partnership Members:</b>		
<b>13</b>	<b>Special Instructions/Conditions:</b> Any revisions to the budget or the plan should be sent to <a href="mailto:title1reports@education.ky.gov">title1reports@education.ky.gov</a> and must be approved prior to implementing changes. District will be reporting toward meeting annual goals on a quarterly basis. <b>The final Federal Cash Request must be submitted by December 10, 2014.</b>		
<b>14</b>	<b>Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits		<b>Date:</b> November 8, 2013

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**REVISED Award Notification**

<b>1 Name and Address of Recipient:</b> Agency Name     Martin County Board of Education Street Address     Rt. 4, P.O. Box 366 City, State Zip     Inez, KY 41224	<b>2 Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____	
<b>2 KDE Contact Information:</b> Program Consultant – Phone #     Donna Tackett – 502-564-3791 Street Address     500 Mero St., 8 <sup>th</sup> Fl., CPT Budget Contact – Phone #     Judy Howard – 502-564-1979 Street Address     500 Mero St., 16 <sup>th</sup> Fl., CPT City, KY Zip     Frankfort, KY 40601	<b>8 Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor	
<b>3 Description/Fund Source of Award and Fiscal Year:</b> Description     FY14 Title I, School Improvement Funds Fund Source     Title I, Part A Section 1003 (g) CFDA#     84.377A MUNIS Project Number     4603 Master Agreement Number     N/A	<b>9 Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____	
<b>4 Grant Authority (Source):</b> NCLB, Title I, Part A Section 1003(g), 34CFR 200; 34 CFR EDGAR Parts 76,77,80,81,82 and 85	<b>10 Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____	
<b>5 REVISED Award Amount:</b> \$639,172.00 <b>Sheldon Clark High School</b>	<b>11 Evaluations:</b>	
<b>6 Period of Award:</b> July 1, 2013 – September 30, 2014		
<b>12 Consortia/Partnership Members:</b>		
<b>13 Special Instructions/Conditions:</b> Any revisions to the budget or the plan should be sent to <a href="mailto:title1reports@education.ky.gov">title1reports@education.ky.gov</a> and must be approved prior to implementing changes. District will be reporting toward meeting annual goals on a quarterly basis. <b>The final Federal Cash Request must be submitted by December 10, 2014.</b>		
<b>14 Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits	<b>Date:</b> November 8, 2013	



# Kentucky Department of Education REVISED Award Notification

1	<b>Name and Address of Recipient:</b> Agency Name      Newport Independent Board of Education Street Address    301 E. Eighth Street City, State Zip    Newport, KY 41071	2 <b>Fund Type:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other: _____	
2	<b>KDE Contact Information:</b> Program Consultant – Phone #    Donna Tackett – 502-564-3791 Street Address                        500 Mero St., 8 <sup>th</sup> Fl., CPT Budget Contact – Phone #        Judy Howard – 502-564-1979 Street Address                        500 Mero St., 16 <sup>th</sup> Fl., CPT City, KY Zip                            Frankfort, KY 40601	8 <b>Method of Payment:</b> <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor	
3	<b>Description/Fund Source of Award and Fiscal Year:</b> Description                            FY14 Title I, School Improvement Funds Fund Source                            Title I, Part A Section 1003 (g) CFDA#                                    84.377A MUNIS Project Number            4603 Master Agreement Number        N/A	9 <b>Reimbursement Frequency:</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____	
4	<b>Grant Authority (Source):</b> NCLB, Title I, Part A Section 1003(g), 34CFR 200; 34 CFR EDGAR Parts 76,77,80,81,82 and 85	10 <b>Financial Reporting Method:</b> <input checked="" type="checkbox"/> Electronic Submission <b>CDIP</b> <input type="checkbox"/> Other _____	
5	<b>REVISED Award Amount:</b> \$639,172.00 <b>Newport High School</b>	11 <b>Evaluations:</b>	
6	<b>Period of Award:</b> July 1, 2013 – September 30, 2014		
12	<b>Consortia/Partnership Members:</b>		
13	<b>Special Instructions/Conditions:</b> Any revisions to the budget or the plan should be sent to <a href="mailto:title1reports@education.ky.gov">title1reports@education.ky.gov</a> and must be approved prior to implementing changes. District will be reporting toward meeting annual goals on a quarterly basis. <b>The final Federal Cash Request must be submitted by December 10, 2014.</b>		
14	<b>Authorized By (Name/Title):</b> Donna Tackett, Director Division of Consolidated Plans and Audits	<b>Date:</b> November 8, 2013	